





# Appendix 3: Referral Form

 SMR010270  <small>Holes Punched as per AS2828.1: 2019</small> <b>BINDING MARGIN - NO WRITING</b>    	 <b>NSW Health</b>		FAMILY NAME		MRN
	GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	D.O.B. ____/____/____		M.O.		
	ADDRESS				
	<b>WELLBEING NURSE REFERRAL</b>		LOCATION / WARD		
			COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		
	The Wellbeing Nurse is employed by NSW Health to work with schools to help students and their families to: <ul style="list-style-type: none"> <li>• Identify their health and well-being needs</li> <li>• Connect to health and community services they need</li> <li>• Understand information about their health care to make decisions and how to act on it.</li> </ul>				
	<b>Student Details</b>				
	Family name		Given name		
	Preferred name		Alias(es)		
Current family name		Previous family name			
Date of birth		Sex			
Address		Phone/mobile number			
Living with: _____					
<b>Contact Person 1</b>		<b>Contact Person 2</b>			
Name		Name			
Address		Address			
Phone No.		Phone No.			
Email address		Email address			
Relationship to student		Relationship to student			
<input type="checkbox"/> Parent / Guardian has been informed about the referral <input type="checkbox"/> Student has been informed about the referral					
<b>Student Information</b>					
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not stated					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Not stated					
Different identity (specify): _____					
Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Other: _____					
Identify as Aboriginal or Torres Strait Islander?					
<input type="checkbox"/> Yes – Aboriginal <input type="checkbox"/> Yes-Torres Strait Islander <input type="checkbox"/> Yes-Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown					
Aboriginal Liaison officer offered? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Preferred language			Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of school			Student is currently in Out of Home Care (OOHC)		
Year level			<input type="checkbox"/> Yes <input type="checkbox"/> No		
The Wellbeing Nurse does not provide an EMERGENCY service. If you or someone is at immediate risk of harm call <b>TRIPLE ZERO (000)</b> immediately OR Go to the nearest Hospital Emergency Department OR alert School Staff (if on school grounds).					

WELLBEING NURSE REFERRAL

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NO WRITING

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